

OFFICIAL RESPONSES TO VENDOR QUESTIONS RFP-2018-DBH-10-BEHAV

No.	Section / Question	Answer
1.	General : Are we pretending like the other RFP (RFP-2018-DBH-08-BEHAV) did not exist? What happens to the questions asked in response to that RFP, and will Vendors be provided answers to those questions or do they need to resubmit the questions?	The previous RFP was cancelled. Any Vendor raised questions asked as part of the procurement process for RFP-2018-DBH-09-BEHAV are not part of this procurement. Vendors are free to ask questions for this procurement, RFP-2018-DBH-10-BEHAV, even if previously asked during the previous procurement.
2.	General : Is there a wind down clause in the event future litigation or legislation results in ending the development or operation of the Behavioral Health Crisis Treatment Center (BHCTC)?	Subsection 6.14 Non-Commitment of this RFP addresses this issue within the procurement phase. There are several articles within the standard contract template (included in Appendix B of the RFP) that address early termination of the contract post execution. The Department encourages Vendors to examine Appendix B carefully and to address any concerns regarding this subject in Appendix A.
3.	1.1.6 : Is the State considering amending the Administrative Rules regarding first responders (e.g. ambulances) and transport of individuals that would enable regions outside of Concord to transport people to the BHCTC? Is the Vendor expected to accept patients via ambulance from out of market?	The BHCTC must be able to receive and treat individuals if they walk-in, are transported by first responders, or from other treatment sites. This subsection does not expressly require the BHCTC to be an approved transport destination site for first responders, or to universally accept individuals from any part of the state or from out of state.
		The RFP requires Vendors to identify any needed certification, licensing, rules, statutes, and other regulations that may need to be addressed if the proposed model were to be implemented. A Vendor must address, within its proposal, how it would successfully address any barriers to the Vendor's proposed model design.
4.	1.2.2 : If the Vendor is a new entity, what does DHHS envision, if applicable, will be the State licensing regulation requirements?	The RFP does not prescribe a specific, detailed BHCTC model but instead provides a basic framework; this includes the services, staffing plans, facility type, etc. to be included. As a result, the Department cannot specify the regulatory framework that would apply to any entity, regardless if new to New Hampshire.

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5.	1.2.4.1: The RFP does not specify if the BHCTC is an inpatient, outpatient, or other service or facility type. How will Vendors know the rules, regulations, etc. that may potentially impact the model? What are the licensing expectations if the Vendor is not a CMHC and what is the waiver process for non-CMHCs?	The RFP does not prescribe a specific, detailed BHCTC model but instead provides a basic framework. A Vendor should well understand the model it is proposing and its preparedness to stand up and operationalize that model. As part of that preparedness, the Vendor must identify the regulatory requirements associated with its specific model, define the degree to which it already meets those requirements, or would need the requirements addressed by the Department or other regulatory agency or legislative body to successfully implement the proposed model. Additionally, if the Vendor is submitting a collaborative proposal, the Vendor should specify the regulatory framework that applies to each partnering organization, specific to the services the organization will provide, within the Vendor's proposed BHCTC model.
6.	1.4: Will there be multiple awardees? If yes, will the specified funding amount be split among the Vendors or would each Vendor have access to the full funding amount? Is there funding to support more than one BHCTC? Will there be another set up?	The RFP solicits proposals to develop and operate one BHCTC.
7.	1.4: In order to access the Medicaid dollars available in the RFP, could we assign a modifier code to claims and then be paid on a fee-for-service basis for the BHCTC claims only?	See subsection 4.1.1.1 of the RFP for reimbursement provisions. Additionally, the Department does not envision the BHCTC will supplant existing services or contractual obligations within the current behavioral health treatment system but instead will supplement the system by addressing gaps within it. See Q2.b. of the RFP.

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8.	1.4: The contract period exceeds the current biennium and funding identified in the RFP. Is the contract through June 30, 2019? Is there a reopener for July 1, 2019 and beyond? What happens if the Legislature does not appropriate funding for the contract post July 1, 2019?	The initial contract period is through December 31, 2021; the initial period does cross into the next biennium. It is not unusual for contracts to cross from one biennium into another. The General Provisions (P-37) and related contract exhibits address contract contingencies associated with continued funding (see Appendix B). Vendors having concerns about such provisions must identify those concerns in Appendix A.
		The funding amounts specified in the RFP are for State Fiscal Years 2018 and 2019; the amounts are not specified for 2020 and 2021. Vendors must submit a proposal for the duration of the initial contract period, and include the proposed funding for every State Fiscal Year within the initial contract period.
9.	1.4 : Is any of the funding available through this program going to be Federal funds (subject to A-133 audit expense)?	Individuals served may include Federally funded insurance payers. The BHCTC revenue stream may therefore include Federal funds. The BHCTC contract will encumber General Funds only.
10.	3.1 : Is there a requirement that the Vendor will serve individuals only in its region or provide services to the entire state?	The RFP does not prescribe a specific, detailed BHCTC model but instead provides a basic framework; this includes the region(s) to be served.
11.	3.3.4: Is tele-psychiatry an acceptable staffing plan?	The RFP does not prescribe a specific, detailed BHCTC model but instead provides a basic framework; this includes staffing plans.
12.	4.1.1.1 : If a client presents for services who is an active member of one of the Managed Care Organizations (MCO), and also an existing client of a Community Mental Health Center (CMHC), and the same CMHC is the BHCTC provider, how will the provider/CMHC generate additional Medicaid revenues to cover the costs? The current contractual CMHC/MCO arrangement provides for a "member-per-month" payment and not a fee-for-service payment, thus there would be no revenues generated in this case.	See subsection 4.1.1.1. of the RFP for reimbursement provisions. Additionally, the Department does not envision the BHCTC will supplant existing services or contractual obligations within the current behavioral health treatment system but instead will supplement the system by addressing gaps within it. See Q2.b. of the RFP.

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13.	Cost – Q1: Are duplicated or unduplicated client count	The Department is seeking the Vendor's projections and how the
	projections required?	projections were developed.
14.	Cost - Q2 and Q3: Do operational budgets and	Yes
	narratives need to be developed for each state fiscal year	
	within the contract period?	